

HEALTH SCRUTINY SUB-COMMITTEE

Minutes of the meeting held at 4.00 pm on 28 January 2020

Present:

Councillor Mary Cooke (Chairman)
Councillor Robert Mcilveen (Vice-Chairman)
Councillors Gareth Allatt, Ian Dunn, Judi Ellis,
Robert Evans, David Jefferys and Keith Onslow

Mina Kakaiya, Healthwatch Bromley

Also Present:

Councillor Diane Smith, Portfolio Holder for Adult Care and Health
and Vicki Pryde, Bromley Mental Health Forum

21 APOLOGIES FOR ABSENCE AND NOTIFICATION OF SUBSTITUTE MEMBERS

Apologies for absence were received from Roger Chant and Lynn Sellwood.

The Chairman welcomed Vicki Pryde, Chair of the Bromley Mental Health Forum.

On behalf of Roger Chant, the Chairman passed on his thanks to Debbie Hutchinson, Director of Nursing – PRUH and South Sites for her dedication, care and compassion, and for her involvement in progressive meetings.

22 DECLARATIONS OF INTEREST

There were no declarations of interest.

23 QUESTIONS FROM COUNCILLORS AND MEMBERS OF THE PUBLIC ATTENDING THE MEETING

One written question was received from a member of the public and is attached at Appendix A.

24 MINUTES OF THE MEETING OF HEALTH SCRUTINY SUB- COMMITTEE HELD ON 8TH OCTOBER 2019

RESOLVED that the minutes of the meeting held on 8th October 2019 be agreed.

**25 UPDATE FROM KING'S COLLEGE HOSPITAL NHS
FOUNDATION TRUST**

Meredith Deane, Director of Operations – PRUH and South Sites (“Director of Operations”) and Debbie Hutchinson, Director of Nursing – PRUH and South Sites (“Director of Nursing”) provided an update on the King’s College Hospital NHS Foundation Trust.

The Director of Operations noted the request made by the Sub-Committee for an update on the endoscopy backlog to be provided to the meeting. There was a capacity gap within the Princess Royal University Hospital (PRUH) endoscopy service, which had resulted in a significant backlog of patients on the activity diagnostic (DM01) waiting list, as well as surveillance patients. A comprehensive recovery plan of immediate and medium term solutions was underway, with a focus on bringing waiting times in line with national standards. Capacity was being increased in a number of ways, including:

- using 30 weekend appointments at King’s College Hospital, Denmark Hill, providing patient transport if required;
- outsourcing of between 30 and 40 appointments per week to BMI Healthcare, Croydon;
- support from an 18-week insourcing team to deliver twilight and weekend services at the PRUH;
- since September 2019, Day Surgery Units had been providing weekend sessions at Orpington Hospital, supported by Vanguard decontamination units.

The Director of Operations advised Members that throughout the recovery programme there had been a continued reduction in the number of patients waiting over six weeks. There had been an issue in regards to outsourcing, with the provider being unable to deliver the 50 appointments initially offered, but overall the position was much improved. In respect of longer term solutions, a business case was being developed for the expansion of the current endoscopy unit, in line with demand and capacity analysis. To maintain standards, a group had been established to explore longer term solutions.

From May 2019, harm reviews were being undertaken for all patients that had been on the diagnostic waiting list longer than six weeks, and all patients on surveillance waiting list with a past ‘due by date’. The current status of this process was that following harm reviews being completed for patients with cancer diagnoses, work was underway validating the cohort of patients whose pathways were delayed and had a diagnosis other than cancer. In response to a question, the Director of Operations noted that this was a huge piece of work, involving around 8,000 patients. It would be difficult to pin-point exactly if patients had come to harm as a result of these delays and they would therefore be looking at the whole clinical procedure.

A Member enquired if a specific “pinch-point” had been identified which had contributed to the delays. The Director of Operations advised that room

availability was a key factor. There were currently two endoscopy rooms at the PRUH. However with 14,000 patients per year, plus a 6.5% growth in the number of patients per year, five endoscopy rooms were needed. In response to a question, the Director of Operations said that patients on all pathways were vetted by the clinical team, but they had seen an increased trend in the number of requests.

The Director of Operations informed Members that the Trust had identified two cohorts of 'Lost to Follow Up' patients in the Outpatients Dermatology service at Beckenham Beacon. These were patients that had been asked to return to the service, but had not been given an appointment or had not been formally discharged. A comprehensive review was underway, and an oversight group had been established to progress the necessary actions. There were two cohorts of patients, both of which related to a shortfall in consultants to cover the service. The harm reviews for the first cohort, which related to the locum consultant service provision, were nearly complete. Three cases of moderate harm, and one more serious, had been identified. The second cohort related to the 18-week wait pathway via insourcing, and harm reviews were ongoing. Three cases of moderate harm had already been identified, but there may be more. A harm review summit had been put in place, and the Director of Operations agreed that the Governance Action Plan could be shared with the Sub-Committee.

A Member asked for further information relating to how many patients had been affected in each cohort. The Director of Operations said that there had been 637 patients in the first cohort that had been clinically triaged and discharged. There were 668 patients in the second cohort, however following clinical triage, this number had reduced by half.

Actions that had been initiated to make the service more resilient included: two consultants, plus an additional consultant; a GP with special interest in dermatology joining the bank staff for the service; and nurse led surgery had recently commenced. A Member noted that tele-medicine could be ideal for this service, as it was quick and reliable. The Director of Operations advised that a number of virtual reviews were undertaken, and acknowledged that tele-medicine had a number of benefits. It was noted that there had been an increase in referrals, a number of which had not be appropriate and could have been seen in a primary care setting.

The Sub-Committee were provided with figures relating to the PRUH Emergency Department (ED) and Urgent Care Centre (UCC) performance from October 2019 to date. The Director of Operations noted that there had been an increase in attendances at both the ED and UCC in October and November 2019, and there had been a drop in performance. The hospital had struggled during December and January, and there had been a high number of patients presenting with influenza and Norovirus. There had been a significant increase in requests for side rooms and monitored rooms, which impacted on patient flow through the hospital. Hospital staff were seeing sicker, more complex patients, a higher number of whom were required to stay on site.

In response to a question, the Director of Operations said that the 'Type 3' performance was the four-hour wait time, which should be at 95%. Members asked for information relating to the number of ED attendees having waiting times of over 8 and 11 hours. The Director of Operations confirmed that these figures could be provided to the Sub-Committee following the meeting.

The Director of Operations informed Members that a floor co-ordinator role to support patient flow at the PRUH was now in place, with cover provided seven days a week where possible. This role was covered by a nurse, although not in uniform, as this was felt to be safer in relation to carrying out assessments. A Member noted that there had previously been an offer from the Trust to deliver a presentation in relation to 'Patient Flow'. It was suggested that a post-winter follow up on patient flow / discharge could be scheduled and delivered jointly with the Bromley Clinical Commissioning Group (CCG).

The Co-opted Member representing Healthwatch Bromley highlighted that feedback from residents indicated that there was often confusion in relation to signage, and patients were unsure who they had been triaged by. The Director of Operations agreed that signage was something that could be worked on, and that confusion often arose from the ED and UCC being located in the same part of the PRUH. It was noted that when considering changes to signage it was good to have a "fresh pair of eyes", and an invitation was extended for Healthwatch Bromley to do a walk-through and provide specific feedback.

In response to a question in relation to the number of 52-week waiters, the Director of Operations said that there were 260 patients to be seen between now and the end of March 2020. A plan was in place to treat these patients, with a number of weekend and twilight sessions being scheduled. Meetings were taking place on a daily basis to look at the trajectory, allowing for a 5% tolerance. The Director of Operations confirmed that the attendance and performance figures for the PRUH's ED and UCC could be provided on a regular basis to the clerk, for circulation to Members of the Sub-Committee.

The Director of Nursing informed Members that in respect of the Care Quality Commission (CQC) update, the CQC follow up engagement event had taken place on 20th November 2019. On the 26th and 27th November 2019, the CQC had carried out an unannounced inspection at the ED's of the PRUH and Denmark Hill. The inspection at the PRUH had been undertaken by three inspectors, including the National ED Consultant Lead. The inspection had taken place on a busy day at the PRUH's ED, with 24 patients awaiting admission and some doubled up in cubicles. Feedback on the day was that the improvements in care were noted on both sites, but there were some areas that still required improvement. This included the management of safe storage of medicines, where a lot of work had been done in relation to auditing, however consistency needed to be embedded. Following issues identified during the first inspection, some work had been carried out on the mental health room at the PRUH. Work to complete the room would be starting the following week. It was noted that the Trust were currently awaiting the draft CQC report from this visit.

The Director of Nursing advised Members that work streams had been established to progress action steps in the ED, Outpatients, End of Life Care and Surgery. These Departments were reporting the work that was being undertaken to regular meetings chaired by the Director of Nursing, and this was also being formally presented to the Trust's Board.

Members noted the comments made in the initial CQC Inspection Report relating to the attitude of staff towards patients and staff morale, and asked if there had been improvements. The Director of Nursing agreed that these had been the most saddening comments to read. Immediately after the initial CQC visit, morale had been incredibly low, as staff had been disappointed with the report. The Director of Nursing said that she felt some progress had been made in respect of cultures and behaviours in the ED, however more needed to be done in terms of how staff were perceived by patients.

A Member highlighted that the Severe Heart Failure End of Life Pathway had won a number of awards. It provided a huge benefit to patients, and reduced the number of ED admissions. It was suggested that a presentation on the Pathway could be presented to a future meeting of the Sub-Committee.

The Director of Nursing was pleased to inform the Sub-Committee that the nursing vacancy figures had reduced at the PRUH and South Sites, and currently stood at 7.18%. It was noted that there were no vacancies at Matron or Ward Manager level. In addition to recruitment, there would be a focus on the retention of nursing and non-qualified nursing staff as one of the main reasons for these staff leaving was lack of career progression. In response to a question, the Director of Nursing said that the UK's imminent departure from the European Union (EU) did not appear to have had an effect on staffing at the PRUH.

The Trust had its most successful year yet in relation to staff uptake of the flu vaccination. Staff at the PRUH, Orpington Hospital and Beckenham Beacon had the highest vaccination rates across the whole Trust at 85.4%. The overall Trust vaccination rate was 71.2%, against a target of 80%, which had surpassed the previous year's rate of 69.6%. In respect of the Norovirus, the Director of Nursing said that there had been ten cases during December 2019. However, the number of cases often peaked in February, and therefore policies and algorithms were in place if the number of cases started to increase. Members were advised that last year it had been highlighted how the difficult layout of the PRUH had impacted on infection control, and funding had been received from NHS Improvement to address this. Additional doors had been installed and on-site testing for the Norovirus was now available, which allowed better management of cases and quicker treatment.

In response to a question, the Director of Nursing said that plans were currently being put in place in relation to the Coronavirus. Staff in the ED were being fit-tested for face masks, and policies were being put in place to make sure they recognised patients presenting with symptoms of the virus. To date, two patients had been tested for the Coronavirus at the PRUH, and both had returned negative results.

Members were advised of the Trust's proposal to develop a single storey car deck at the PRUH to alleviate parking pressures on the site. There would be a loss of 20 spaces at ground level, but an increase of 90 spaces overall. These proposals had been shared with staff, stakeholders and over 500 local residents in November 2019, and no negative comments had been received. The Trust had submitted the application for planning permission, and was currently awaiting the decision. If approved, it was noted that there would be disruption to the site during the car park build, but information could be shared with the Sub-Committee prior to any work commencing.

In response to a question, the Director of Operations confirmed that money had been identified to pay for the construction of the car deck. If planning permission was approved and the car deck was built, a review of staff parking permits would be formally undertaken. Allocation would be based on the distance staff travelled from home to the PRUH, and it was noted that the cost of staff parking permits was proportionate to their banding.

The Director of Nursing informed Members that there had been a number of winners across the PRUH at the 'King's Stars' annual staff awards. A special mention was given to the Patient Records Library (South Sites), Overall Winners of the quarterly award, and Dr Dennis Grigoratos (Paediatrics), winner of the Patient's Choice Award.

The Chairman extended her thanks to Meredith Deane and Debbie Hutchinson for attending the meeting of the Health Scrutiny Sub-Committee, and providing an update in relation to the PRUH and South Sites.

26 GENERAL UPDATE - BROMLEY HEALTHCARE

Jacqui Scott, Chief Executive Officer – Bromley Healthcare (“Chief Executive Officer”) and Janet Ettridge, Director of Operations – Bromley Healthcare (“Director of Operations”) presented a general update on Bromley Healthcare; providing an overview on performance, new initiatives and programmes; and their focus for 2020/21.

Highlights of the Bromley Healthcare performance for 2019/20 included patient satisfaction of 98.1%, and a dramatically reduced response rate of 6.7%, which was the best across London. The service had monitored 471,000 patient contacts and in Year 1 of the Bromley CCG contract they had met the target for adults, and exceeded the baseline for children by 15.6%.

Members were advised that the staff vacancy rate across all services had reduced to 7.5%. The main area of increased recruitment was Band 5 and 6 nurses, and Bromley Healthcare had also ran an apprenticeship programme. A bespoke Nursing Band 5 Development Programme for newly registered nurses had been implemented, and 20 nurses had been recruited over an eighteen month period.

The Chief Executive Officer noted that £4m of their contract was payable on the achievement of Key Performance Indicators (KPI). Adult's Services had achieved 89% of KPI's, and Children's Services had achieved 92% of KPI's, both against a 70% target.

In relation to rehabilitation beds, the National Audit of Intermediate Care (NAIC) had identified the service as positively deviant, with patients under Bromley Healthcare being more dependent but having better outcomes, and shorter wait times and length of stay than the national and London averages. This work had been recognised within the industry, and Bromley Healthcare had received the Laing Buisson Rehabilitation Award in November 2019.

One of the new initiatives piloted by Bromley Healthcare had been Telemedicine. The Remote Patient Review Service provided a monitoring cuff, which was worn on the arm of a patient and enabled health care professionals to monitor vital signs (oxygen saturation; respiratory rate; pulse rate; skin temperature; motion; blood pressure), whilst the patient remained in their own home. Health care professionals were able to access and review a patient's data remotely via the internet (through a secure server) as part of the patient's ongoing care needs. In response to a question, the Chief Executive Officer noted that this was currently being used to support the service provided. It was suggested that an evaluation of the Remote Patient Review Service be provided to a future meeting of the Health Scrutiny Sub-Committee.

In June 2019, Bromley Healthcare had commissioned a Therapy services productivity analysis. Following the results of the initial analysis, a 17-week improvement programme had commenced within the following areas: Dietetics, Occupational Therapy and Physiotherapy (for both Children's and Adult's Therapies) and Falls, Home Based Rehab (removed mid-way through), Neuro Rehab, Respiratory and Home Oxygen Service (Adult's Therapies). This had involved work such as reviewing activity data to look at historical trends; team engagement; six weekly leadership programme; and reviewing expectations of each banding / role and setting a percentage for patient contact with the Service Leads. It was noted that after the first twelve weeks, the impact of the review had really become noticeable.

The Chief Executive Officer informed Members that a pilot for Case Management, which built on the existing Integrated Care Network (ICN) pathway had also been undertaken. The pilot had commenced with the Stock Hill GP practice, to test recommendations. This had been undertaken with 30 patients so far, and a 13-week pre and post assessment cost and activity comparison showed that:

- Emergency Attendances were reduced by 71% for cost and activity;
- Non Elective Inpatient Attendances were reduced by 65% for costs, and 69% for activity;
- The overall pathway saving per patient was £1,720.

The Chairman requested that a further update on the Stock Hill pilot scheme be provided at the next meeting of the Health Scrutiny Sub-Committee.

Members were informed that a national approach to achieve the two hour access to crisis support and two day access to intermediate care was being co-developed. South East London was one of seven accelerator sites that had been selected following an application, and Bromley Healthcare would be one of the community providers. Key objectives included determining a national operating mode, developing a workforce model and sharing good practice across England. The South East London focus would be on mapping existing Urgent Community Response (UCR) models across different boroughs to develop a 'core offer', and the development of an optimum workforce model for demand and capacity assessment.

The Chief Executive Officer noted that following Bromley Healthcare's successful procurement of the Bromley 0-19 Public Health Services contract, mobilisation of the new service had commenced. Work streams had been identified, with a point of contact and delivery within each team.

The priorities of Bromley Healthcare for 2020/21 were to offer all patients and carers the best care possible, sharing their clinical knowledge and resources wisely for a sustainable financial future. To achieve this, four goals had been identified:

- Best outcomes possible in the community;
- Build a culture for growth;
- Optimum Care Co-ordination;
- Financially sustainable (profit for reinvestment).

A Member noted that the support required when patients were discharged from hospital was not always physical, and asked how Bromley Healthcare worked with other agencies in relation to adjusting a patient's mind-set and building confidence. The Chief Executive Officer responded that they had close links with Bromley Well, who had recently moved to be located in the Care Co-ordination Centre. Talk Together Bromley were also delivering sessions related to Diabetes, which had proved to be a good model of support, and they were looking to do the same for Lymphoedema. The Director of Operations informed Members that the Proactive Care pathway allowed patients to access a number of services. Patients received co-ordinated care packages, and it was noted the Bromley Healthcare staff worked closely with other agencies.

The Co-opted Member representing Healthwatch Bromley raised concerns that there were some inconsistencies in the 'red bag' scheme when discharging patients back to care homes, and asked if this process was monitored. In response, Dr Angela Bhan, Managing Director – Bromley CCG said that this was not specifically monitored, but they were aware of the numbers as they were required to replace the bags. Further work was needed in relation to hospital admission arrangements and Transfer of Care, as the

'red bags' tended to be lost when a patient was moved from one ward to another.

The Chairman led members in thanking Bromley Healthcare for their presentation.

27 HEALTH BASED PLACE OF SAFETY - OXLEAS

The Sub-Committee received a presentation from Adrian Dorney, Associate Director – Oxleas NHS Foundation Trust ("Associate Director") regarding an update on Health Based Place of Safety (HBPoS).

Members were advised that a HBPoS, or s136 suite, was a safe place in which to assess people who had been detained in the community by the police under section 136 of the Mental Health Act. There had been two separate HBPoS sites within the Oxleas NHS Foundation Trust. One bed was based in Woolwich, at Oxleas House, Queen Elizabeth Hospital and the second bed was in the London Borough of Bromley, at Green Parks House.

Following a PAN London s136 review, in which a mapping exercise had been undertaken, it had been proposed that the current number of HBPoS sites in London be reduced. The HBPoS was part of a comprehensive Mental Health service, and whilst the benefits of scale and simplicity of access from reducing the number of sites were acknowledged, the Oxleas NHS Foundation Trust did not want to see a reduction in the number of beds within their footprint

It was highlighted that the refurbishment of the Oxleas House site would provide up to date facilities, and the best environment possible for this provision. In response to a question, the Associate Director said that this had included seeking guidance from psychiatrists, and visiting other provisions to see the high impact materials being used to keep patients safe.

From 1st January 2020, a Crisis Assessment Team (CAT) car had been initiated, serving Bexley, Bromley and Greenwich, which was a joint venture between Oxleas NHS Foundation Trust and the Metropolitan Police. It provided a nurse to travel with a rapid response team to s136, or potential s136, cases. The CAT car had been operating during twilight hours, which was when demand was at its highest. A London Ambulance Service (LAS) car, which provided a similar service, was also operating across areas of South East London covered by the Oxleas and South London and Maudsley (SLAM) NHS Foundation Trusts. Members requested that an update on the impact of the CAT car be provided to the Sub-Committee in six months' time.

In response to a question, the Associate Director said that there were several factors which contributed to the peak time in out-of-hours demand. Local services had been developed, including a crisis service and Crisis Line which were both available 24 hours a day, seven days a week. It was hoped that as a result of more services being provided, fewer patients in crisis would present at Emergency Departments and support suites.

In January 2020, the s136 service had been reduced by one bed, following the closure of Oxleas House for refurbishment, throughout which the s136 suite at Green Parks House would remain functioning. At present, there had not been an adverse demand on impact at Green Parks House. The number of referrals showed that following the temporary closure of Oxleas House, there had not been a striking uplift in numbers attending Green Parks House. It was also highlighted that there had not been an adverse demand reported at the PRUH and QEH Accident and Emergency Departments, however this would be carefully monitored. The Associate Director noted that in relation to the impact of losing a s136 suite in Bromley, the Metropolitan Police had said that distance was not an issue, it was the ability to access it quickly and having two beds located on one site would reduce delays. The new two-bed s136 facility at Oxleas House was due to open in around twelve weeks' time.

The Chairman led Members in thanking Adrian Dorney for his presentation, and noted that it was encouraging to see how the service was progressing.

28 SERVICE USER ENGAGEMENT - HEALTHWATCH BROMLEY

Mina Kakaiya, the Co-opted Member representing Healthwatch Bromley advised the Sub-Committee that feedback received from service users reflected the points raised by the representatives from the King's College Hospital NHS Foundation Trust.

There was positive feedback in respect of the quality of care, however issues relating to access to appointments and waiting times, were impacting upon this. Work needed to be undertaken to improve systems; respond in a timely manner; and make triage clearer.

It was noted that Healthwatch Bromley was currently in the process of recruiting a member of staff whose role would focus on service user engagement. It was agreed that an item on 'Service User Engagement' be added to the agenda for the next meeting of the Sub-Committee.

It was reported that the Portfolio Holder for Adult Care and Health and the Executive Assistant for Adult Care and Health would be meeting with Healthwatch Bromley on a regular basis.

29 WORK PROGRAMME 2019/20 AND MATTERS OUTSTANDING

Members considered the forward rolling work programme for the Health Scrutiny Sub-Committee. It was requested that the following items be added:

- Post-winter follow up on patient flow / discharge – King's College Hospital NHS Foundation Trust / Bromley CCG
- Presentation on the Severe Heart Failure End of Life Pathway – King's College Hospital NHS Foundation Trust / Bromley CCG

- Evaluation of the Remote Patient Review Service – Bromley Healthcare
- Update on the Stock Hill Pilot – Bromley Healthcare
- An update on the CAT car – Oxleas (July 2020)
- Service User Engagement – Healthwatch Bromley (April 2020)

RESOLVED that the work programme be noted.

30 ANY OTHER BUSINESS

There was no other business.

31 FUTURE MEETING DATES

4.00pm, Thursday 23rd April 2020

The Meeting ended at 5.37 pm

Chairman

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HEALTH SCRUTINY SUB-COMMITTEE 28th January 2020

WRITTEN QUESTIONS TO THE HEALTH SCRUTINY SUB-COMMITTEE

Written Question to the Health Scrutiny Sub-Committee received from Ms Pam Remon (SELSON)

1. I believe that the new Borough Based Boards (BBB) will replace Bromley local CCG which is merging into one 6 London Borough CCG. I would like a breakdown of the membership of the Bromley BBB showing:
 - Bromley CCG members
 - Local Authority Attendees
 - All other Attendees

Would you also provide me with details of which members or organisations will be voting members / attendees and which members will be NON-voting members / attendees.

Reply:

The London Borough of Bromley (LBB) and Bromley CCG are progressing with joint and integrated working as recommended in the Long Term Plan, but mainly as part of a local desire to get the very best services for our residents, that improve health and promote independence.

As part of the structural changes to CCGs in south east London, it is hoped that the local Bromley Based Board will be jointly chaired by a clinician and an elected LBB Councillor. The exact membership and terms of reference of the new committee have not yet been finally agreed, but we do expect there to be a balance of both LBB and Health representatives. We are not be in a position to share the exact composition as yet but will be early in the new financial year.

In terms of governance, LBB will remain responsible for the resources and budgets it holds and the local NHS will do likewise for its delegated budgets. There are a number of joint budgets, like the Better Care Fund, where there will be joint accountability and where joint voting on use of resources may take place. In reality, such committees rarely vote and decisions are taken by consensus. The strength of this new board is not centred on voting rights but the ability to jointly agree strategies that improve health and well being, and by supporting local providers and commissioners in delivering such strategies.

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